CALIFORNIA FORM 700 FAIR POLITICAL FRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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AMENDMENT

APR 17 2012 WHEL HODEWALD COUNTY CLERK

NAME OF FILER	HILL	A DAM	PEPUTY CLERK
1. Office, Agency, or Co	ourt		racing and a second discourse of the second
Agency Name County (Division, Board, Department, Board of	OF SAN LU		ervisor Supervisor
Agency:		Position:	
	♥ (Check at least one box)		is Objspo
December 31, 2 The period cov December 31, 2 Assuming Office: Date	vered is January 1, 2011, through 2011. vered is	leaving office.	nuary 1, 2011, through the date of
4. Schedule Summary Check applicable schedules	s or "None."	▶ Total number of pages including that	is cover page:
Schedule A-1 - Investme Schedule A-2 - Investme Schedule B - Real Prope	enis – schedule attached enis – schedule attached eerty – schedule attached -0		usiness Positions - schedule attached nedule attached
I certify under penalty of pe	erjury under the laws of the State	te of California the	

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CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

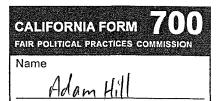
MARate Recourt JULIE L. RODEWALD COUNTY CLERK

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COVER PAGE 12 MAR 14 AM II: 35 NAME OF FILER (FIRST) (LAST)

HILL	ADAM C
1. Office, Agency, or Court	
Agency Name	
County of San Luis Division, Board, Department, District, if applicable	Obispo Supervisor
Board of Superviso	rs
▶ If filing for multiple positions, list below or on an attachme	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of San Luis Obispo
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2011, throug December 31, 2011.	h Leaving Office: Date Left/(Check one)
The period covered is/	, through On The period covered is January 1, 2011, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
☐ Candidate: Election Year Offi	ce sought, if different than Part 1: Supervisor, District
4. Schedule Summary	
Check applicable schedules or "None."	▶ Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
□ None - No	-or- reportable interests on any schedule
5. Verification	
(c)(1)	
herein and in any attached schedules is true and complete.	acknowledge this is a public document.
I certify under penalty of perjury under the laws of the S	State of California that (c)(1)
-2/8/12	
Date Signed (month, day, year)	Signatur ai.)

SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE			
SEA FARE 2011				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
PO Box 460; Avila Beach, CA				
BUSINESS ACTIVITY, IF ANY, OF SOURCE , '	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
501(c)(3) Avila Beach				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
2 tiplet to				
10/21/11 \$ 150.00 ATTCKISTO FUNDITOUSER				
NAME OF COURSE	NAME OF COURSE			
NAME OF SOURCE	► NAME OF SOURCE			
Pacific GAS AND Electric CO				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1415 L St. Sacramento CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Public Utility Co DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
DATE (mm/dd/yy) VALUE J DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
10,4,11 : 65.66 dinner				
10 4 11 \$ 65.55	\$			
5	\$			
1 1 0				
NAME OF SOURCE	NAME OF SOURCE			
Family Care Network				
ADDRESS (Busidess Address Acceptable) 371-5 5 Liquera Suite 100	ADDRESS (Business Address Acceptable)			
- 3 100 0' NAVELU SANTUSONSP T				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Taste of Central Coast				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
0 0 1 1 1 1 1	Note the second of the second			
9,18,11 \$ 150,00 TWO TICKETS	\$			
9,18,11 \$ 150.00 two tickets	\$			
\$	I \$			
Comments:				